

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES
EDITOR

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
UTILIZING VITAL STATISTICS.*

What It Means to Have Records of Communicable Diseases.

IDA MAY STEVENS, Assistant Epidemiologist
State Department of Public Health.

Physicians or others having knowledge of cases of disease reportable by law are required to notify the local health officer of the facts at once—why? Many physicians consider it an unnecessary requirement. It takes time to fill out a card for every case of measles, chickenpox, diphtheria, smallpox, poliomyelitis, etc. Physicians are very busy people and they have the right to inquire into the value of procedures demanded of them.

We assume for definite reasons that the physician takes time to write on a form card the name of the patient, the address, the nature of the illness, the date and his signature. The patient has a communicable disease and the spread of that disease is a community problem. If your house catches fire, you call for the fire department, not only to prevent it from spreading over your house, but also to protect the other houses of the district. If you did not send for the fire department, your

neighbors would. So it is when a physician is attending a case of communicable disease; he sends in a report calling out the health department. Unfortunately, the health department has a more difficult task than the fire department. Different measures are essential for the control of different diseases. Vaccination will stop smallpox, but not measles or poliomyelitis; a safe water supply may reduce typhoid fever, but it does not affect diphtheria. Nevertheless the principle is the same. The health department's responsibility to the community is to control communicable diseases as far as present day knowledge permits. The first step in the control program is immediate notification by any and all persons having knowledge of a case of communicable disease. The attending physician is the person best able to give this assistance.

Perhaps the physician feels that he is too busy to report cases of measles. He may say, "What good comes of reporting these cases? The health department does not stop the spread of measles." He is correct. As a rule

* From February Alameda County Public Health News.

the health department does not control measles. One reason is because the infection has been spread before the diagnosis was made, and another reason is that more information regarding this disease is essential for a more complete understanding. One physician having cases now and then is not in the same position for making observations as the health department studying many cases. In California we think we know when measles will be epidemic and when it will be low—the disease occurs in definite cycles.

Diphtheria is a quarantinable disease. These cases are well reported—at least the typical cases are. Physicians realize their responsibility in that direction. Diphtheria is not only curable through sufficiently large doses of diphtheria antitoxin given early, but it is also preventable. The records of diphtheria deaths tell us how far the physicians fall short in the treatment of this disease and how little significance parents place on sore throats and early treatment when diphtheria is the possibility. We have the means for curing cases and the death records indicate how far that knowledge is applied. The records of diphtheria cases give us a picture of how little toxin-antitoxin is administered. Diphtheria is an urban disease. It is relatively simple to go into a small community and immunize the school and pre-school children; the health officer and the public health nurse can make house to house visits and explain the merits of toxin-antitoxin to the parents. The physicians of the town can immunize the children in their practice and the campaign is completed with about 85 per cent of the children vaccinated. That program is not so simple in the large city and it is there the diphtheria cases occur in the greatest proportions. It is our morbidity records which indicate where the hardest work in prevention must be done, and when preventive measures have been undertaken it is the records which will indicate the degree of success. There is much to be done for diphtheria. Since 1920, 62,725 cases have been reported for California and 3,855 of these cases were fatal. Ten per cent of all deaths in children in California between the ages of one and four years are due to this disease. Approximately 20 per cent of all deaths in the children between one and fifteen years of age are due to diphtheria. It is evident that more information should be collected regarding this disease.

Smallpox must be mentioned, although it would seem that after having had a means for preventing the disease for 130 years, we should have forgotten about it by this time, and yet, since 1920, 32,371 cases of smallpox have been reported in this state. In this same time there have been 404 deaths. In 1926 there were 380 deaths from smallpox in the United States and 236 of those occurred in California. During the seven years, 1920-1926, inclusive, the State Department of Public Health has received vaccination histories for 30,914 cases which were as follows:

Never vaccinated	28,923 cases or 93.56%
Over 7 years	1,737 cases or 5.62%
Within 7 years	254 cases or 0.82%

The records show that smallpox prevention is not taken seriously. When a physician reports a case of smallpox to the local health department, prompt action with vaccination or quarantine of all contacts will prevent the spread of the infection.

The records of typhoid fever have offered health departments a means of assigning laurels. The typhoid case and death rates have dropped. The causative organism is known, the mode of transmission is understood, the World War proved the value of vaccination as a preventive measure. Typhoid fever can be controlled. Some cases continue to occur in spite of safe drinking water and pasteurized milk; the assumption is that carriers are responsible for this residual typhoid. Prompt reporting and careful investigations of all cases will enable health officers to locate the sources of these cases. A very excellent illustration of the value of prompt reporting occurred in 1921. Reports of cases of typhoid were received from eight communities, and each report carried the notation that the patient had just returned from a certain summer resort in this state. An investigation was made and it was found that this resort was located on a hillside the cesspool was above the well, and during the heavy season when the well was frequently pumped dry, the cesspool was giving direct contributions to the well. The well water showed pollution when examined. A total of thirty-six cases were traced to the use of the polluted water at this resort and these cases were scattered among nine localities.

So little is known about poliomyelitis that reports of all suspects should be submitted promptly. As

much detailed information as possible should be obtained. The state has experienced two epidemics in three years; 821 cases were reported during 1925, 186 cases during 1926, and 1,272 cases during the past year, 1927. We should be able to benefit by that extensive experience which has been so costly to a large percentage of the patients. More information regarding accompanying illnesses in epidemic times is necessary to complete the knowledge of the epidemiology of this disease. It has been the rule more often than the exception that an entire family has been ill with either a respiratory or an intestinal infection, and out of that group one or two developed paralysis or muscle weakness and other typical symptoms of poliomyelitis. This information is of greatest value and comes only through careful investigations of a large number of cases by health officials.

It is essential to have a clearing house for communicable disease data. Five cases of disease may indicate a tendency, 500 cases may give a picture entirely different, and 5,000 cases may give definite evidence. Too often conclusions are drawn on a handful of observations. Representative series must be obtained before decisions can be rendered. Since communicable disease control is the responsibility of the social organization—city, county and state, one of the primary functions of a health department is the collection of records. Analyses of records present the past for study, expose the present for thought, and point direction for the future.

New Health Officer At North Sacramento.

Dr. F. E. McCullough has been appointed city health officer of North Sacramento to supplant Dr. A. A. Atkinson.

Santa Barbara County Immunizes Children.

During the month of January the health officer of Santa Barbara County, Dr. F. G. Crandall, administered diphtheria immunizations to 411 children of the county. This brings the total number of children immunized against diphtheria in Santa Barbara County to almost two thousand.

Health Instruction In Health Centers.

A program of health habit training is being conducted one day, each week, in three of the Los Angeles County health centers in connection with child welfare conferences. This activity is sponsored jointly by the Los Angeles County Health Department and the Los Angeles County Public Health Association. It is aimed to afford an opportunity for children attending the conferences to engage in happy and purposeful activities while awaiting their turns with their mothers for conferences with child welfare physicians. Considerable playroom equipment is maintained and the spirit of play and the natural imagination of children is utilized in teaching health habits. All of this work is done in a subjective manner. The children are not only entertained and relieved of any tension that may come while awaiting their turns, but many attributes for health are taught and encouraged.

County Department Covers Large Area.

Few county health departments cover the immense territory that is served by the Los Angeles County Health Department, of which Dr. John L. Pomeroy is county health officer. The district served by Dr. Pomeroy's organization includes twenty-eight incorporated cities, which have placed the administration of their public health affairs under the county by contract terms. Dr. Pomeroy's territory includes 3170 square miles of unincorporated territory, as well.

MORBIDITY.*

Diphtheria.

121 cases of diphtheria have been reported, as follows: Berkeley 2, Oakland 7, San Leandro 1, Fresno County 3, Imperial County 4, Los Angeles County 7, Glendale 3, Huntington Park 3, Long Beach 2, Los Angeles 38, Pasadena 1, Whittier 1, Madera County 1, Orange County 1, Fullerton 1, Santa Ana 7, Corona 1, Sacramento 1, Redlands 2, San Diego County 2, San Diego 3, San Francisco 13, San Joaquin County 1, San Luis Obispo County 1, San Bruno 2, San Mateo 2, Santa Clara County 4, Los Gatos 1, San Jose 1, Solano County 1, Stanislaus County 1, Tulare County 3.

Scarlet Fever.

182 cases of scarlet fever have been reported, as follows: Berkeley 7, Oakland 27, Contra Costa County 2, Fresno County 4, Fresno 4, Imperial County 2, Kern County 2, Los Angeles County 4, Alhambra 2, Hermosa

* From reports received on March 4th and 5th for week ending March 3rd.

Beach 1, Huntington Park 1, Inglewood 2, Long Beach 2, Los Angeles 25, Monrovia 1, Montebello 1, Pasadena 2, Redondo Beach 1, Lynwood 2, Hawthorne 2, Maywood 1, Sausalito 2, Merced County 1, Orange County 1, Fullerton 1, Huntington Beach 1, Orange 3, Corona 1, Sacramento County 1, Sacramento 1, North Sacramento 1, Hollister 1, San Diego County 4, San Diego 7, San Francisco 35, San Joaquin County 3, Lodi 5, Stockton 4, Burlingame 3, Santa Clara County 3, San Jose 1, Sonoma County 1, Stanislaus County 1, Sutter County 1, Visalia 1, Ventura County 4.

Measles.

205 cases of measles have been reported, as follows: Alameda County 1, Berkeley 1, Oakland 7, Contra Costa County 1, Fresno 6, Los Angeles County 13, Azusa 1, Burbank 5, El Monte 14, Glendale 1, Hermosa Beach 1, Long Beach 3, Los Angeles 19, Pomona 2, San Fernando 1, Whittier 1, Hawthorne 2, Fort Bragg 2, Gustine 1, Monterey County 1, Orange County 5, Anaheim 1, Fullerton 2, Santa Ana 3, Sacramento County 3, Sacramento 11, San Diego County 3, National City 32, San Diego 7, San Francisco 35, Santa Barbara County 13, Santa Clara County 2, Santa Cruz 1, Turlock 1, Ventura County 1, Santa Paula 1, Yolo County 1.

Smallpox.

32 cases of smallpox have been reported, as follows: Alameda County 1, Oakland 6, Sacramento 1, San Francisco 1, San Joaquin County 5, Sonoma County 3, Santa Rosa 1, Tulare County 12, California 2.

Typhoid Fever.

7 cases of typhoid fever have been reported, as follows: Fresno 1, Huntington Park 1, Tujunga 1, San Francisco 1, San Joaquin County 2, Trinity County 1.

Whooping Cough.

159 cases of whooping cough have been reported, as follows: Berkeley 1, Oakland 2, Fresno County 1, Fresno 3, Kern County 3, Kings County 2, Los Angeles County 3, Compton 8, Culver City 1, El Segundo 1, Hermosa Beach 2, Long Beach 10, Los Angeles 19, Pasadena 3, Pomona 1, South Gate 3, Pacific Grove 6, Fullerton 5, Orange 4, Santa Ana 17, Seal Beach 1, La Habra 2, Corona 1, Sacramento 4, San Diego County 1, San Diego 15, San Francisco 14, San Joaquin County 2, Stockton 1, Tracy 9, Gilroy 8, Los Gatos 2, Palo Alto 1, Santa Paula 3.

Meningitis (Epidemic).

6 cases of epidemic meningitis have been reported, as follows: Fresno County 1, Los Angeles 1, San Francisco 2, Stockton 1, Santa Clara County 1.

Poliomyelitis.

8 cases of poliomyelitis have been reported, as follows: Susanville 1, Los Angeles County 1, Burbank 1, Long Beach 1, Los Angeles 2, San Diego County 1, Sutter County 1.

Encephalitis (Epidemic).

San Diego reported 2 cases of epidemic encephalitis.

COMMUNICABLE DISEASE REPORTS.

Disease	1928				1927			
	Week ending			Reports for week ending Mar. 3 received by Mar. 6	Week ending			Reports for week ending Mar. 4 received by Mar. 7
	Feb. 11	Feb. 18	Feb. 25		Feb. 12	Feb. 19	Feb. 26	
Anthrax.....	0	0	1	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	592	522	572	673	738	985	856	785
Diphtheria.....	130	110	130	121	141	141	143	130
Dysentery (Bacillary).....	4	2	0	1	0	7	3	1
Encephalitis (Epidemic).....	0	0	0	2	2	1	2	2
Gonococcus Infection.....	121	104	79	102	141	91	85	113
Influenza.....	57	56	55	57	159	67	79	101
Jaundice (Epidemic).....	2	0	0	0	0	3	1	3
Leprosy.....	0	0	1	0	0	0	0	0
Malaria.....	0	15	0	1	0	0	0	0
Measles.....	151	164	172	205	2538	3011	3422	3748
Meningitis (Epidemic).....	9	8	4	6	7	7	3	1
Mumps.....	269	289	247	272	269	230	251	285
Paratyphoid Fever.....	0	0	0	1	2	0	0	0
Pneumonia (Lobar).....	103	78	64	70	85	72	159	61
Poliomyelitis.....	13	7	7	8	2	2	3	1
Rabies (Animal).....	18	18	17	20	20	8	12	8
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	189	253	242	182	288	293	255	238
Smallpox.....	50	21	49	32	28	31	31	12
Syphilis.....	118	157	93	92	153	143	128	155
Tetanus.....	3	0	0	0	0	1	0	1
Trachoma.....	2	5	4	3	14	17	0	22
Trichinosis.....	0	1	0	0	1	2	0	0
Tuberculosis.....	188	169	207	209	197	187	174	205
Typhoid Fever.....	6	12	12	7	10	5	4	5
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	156	157	142	159	105	121	117	132
Totals.....	1281	2148	2098	2223	4900	5425	5728	6009